

<i>SERFF Tracking Number:</i>	<i>QUAC-127374791</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>QCA Health Plan, Inc.</i>	<i>State Tracking Number:</i>	<i>49583</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001B Any Size Group - POS</i>
<i>Product Name:</i>	<i>POS EOC Amendment</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: QCA Health Plan, Inc.

Product Name: POS EOC Amendment

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001B Any Size Group - POS

Filing Type: Form

SERFF Tr Num: QUAC-127374791 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num:

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Authors: Jim Couch, Niki Thomas

Disposition Date: 08/26/2011

Date Submitted: 08/17/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: 08/01/2011

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type:

Filing Status Changed: 08/26/2011

State Status Changed: 08/26/2011

Created By: Niki Thomas

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

POS EOC Amendment

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Niki Thomas

Company and Contact

Filing Contact Information

Jim Couch, VP of Compliance

12615 Chenal Parkway, Suite 300

jim.couch@qualchoice.com

501-228-7111 [Phone] 5118 [Ext]

SERFF Tracking Number: QUAC-127374791 State: Arkansas
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Little Rock, AR 72211 501-707-6729 [FAX]

Filing Company Information

QCA Health Plan, Inc. CoCode: 95448 State of Domicile: Arkansas
 12615 Chenal Parkway, Suite 300 Group Code: Company Type: Health
 Maintenance Organization
 Little Rock, AR 72211 Group Name: State ID Number:
 (501) 228-7111 ext. [Phone] FEIN Number: 71-0794605

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
QCA Health Plan, Inc.	\$0.00	08/17/2011	
QCA Health Plan, Inc.	\$50.00	08/19/2011	50784457

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/26/2011	08/26/2011
Approved-Closed	Rosalind Minor	08/19/2011	08/19/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Replacement Page 1	Niki Thomas	08/18/2011	08/24/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
POS EOC Amendment	Note To Reviewer	Niki Thomas	08/17/2011	08/17/2011

SERFF Tracking Number: *QUAC-127374791*

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Disposition

Disposition Date: 08/26/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: QUAC-127374791 State: Arkansas

Filing Company: QCA Health Plan, Inc. State Tracking Number: 49583

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TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001B Any Size Group - POS

Product Name: POS EOC Amendment

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form (revised)	Replacement Page 1	Approved-Closed	Yes
Form	FIRST AMENDMENT [with Autism] to QCA POS [HDHP] (10-1-10) EOC (8-1- 2011)	Replaced	Yes

SERFF Tracking Number: *QUAC-127374791*

State: *Arkansas*

Filing Company: *QCA Health Plan, Inc.*

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Company Tracking Number:

TOI: *H16G Group Health - Major Medical*

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Disposition

Disposition Date: 08/19/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	QUAC-127374791	State:	Arkansas
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Supporting Document	Flesch Certification	Approved-Closed	Yes
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Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
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Project Name/Number: /

Amendment Letter

Submitted Date: 08/24/2011

Comments:

POS EOC Amendment Replacement Page 1.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
FIRST AMENDMENT	Policy/Contract	Replacement	Initial					POS EOC Amendment Replacement Page 1.pdf
T [with Autism] to QCA POS [HDHP] (10-1-2011)	Certificate: Amendment, Insert							
		Endorsement or Rider						

SERFF Tracking Number: *QUAC-127374791*

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Product Name: *POS EOC Amendment*

Project Name/Number: */*

Note To Reviewer

Created By:

Niki Thomas on 08/17/2011 04:55 PM

Last Edited By:

Rosalind Minor

Submitted On:

08/19/2011 11:57 AM

Subject:

POS EOC Amendment

Comments:

See attached.



August 17, 2011

Ms. Rosalind Minor
Arkansas Department of Insurance
Life and Health Division
1200 West Third Street
Little Rock, AR 72201-1904

RE: First Amendment to Evidence of Coverage
Form #: FIRST AMENDMENT [with Autism] to QCA POS [HDHP] (10-1-10) EOC (8-1-2011)

Dear Ms. Minor:

Enclosed, in duplicate, are the following QCA Health Plan, Inc's documents:

1. First Amendment to Evidence of Coverage (FIRST AMENDMENT [with Autism] to QCA POS [HDHP] (10-1-10) EOC (8-1-2011)).

As discussed previously, QualChoice will provide a check for the above referenced form after submission.

Please feel free to contact me at any time should you need additional information or have any questions or comments.

Sincerely,

J. Nicole Thomas
Associate Corporate Counsel
(501) 219-5129

SERFF Tracking Number: QUAC-127374791 State: Arkansas

Filing Company: QCA Health Plan, Inc. State Tracking Number: 49583

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TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001B Any Size Group - POS

Product Name: POS EOC Amendment

Project Name/Number: /

Form Schedule

Lead Form Number: FIRST AMENDMENT [with Autism] to QCA POS [HDHP] (10-1-10) EOC (8-1-2011)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/26/2011	FIRST AMENDMENT NT [with	Policy/Cont ract/Fratern al Certificate: QCA POS Amendmen t, Insert Page, Endorseme nt or Rider	Replacement Page 1 Initial				POS EOC Amendment Replacement Page 1.pdf

FIRST AMENDMENT TO EVIDENCE OF COVERAGE

The following QualChoice Evidence of Coverage Certificate is hereby amended:

QCA POS [HDHP] (10-1-10)

The following subsections are amended effective on the date your Employer Group (Group Master Contract) is effective or renews. Eligibility for benefits is set out in the Evidence of Coverage.

Unless otherwise stated herein, this Amendment to Evidence of Coverage is subject to all terms, conditions, exclusions and limitations set forth in the Certificate and Benefits Summary. This Amendment becomes a part of the QCA Health Plan, Inc. Evidence of Coverage identified as QCA POS [HDHP] (10-1-10). All provisions of the Evidence of Coverage that are not contrary to the provisions of this Amendment remain in full force and effect.

[COVERED MEDICAL BENEFITS, the following will be added:

3.32 Autism Spectrum Disorder

1. Diagnosis and treatment of Autism Spectrum Disorder is covered as along as Medically Necessary and evidence-based.
2. Coverage for Applied Behavior Analysis is included subject to:
 - A. The Enrollee receiving treatment must be under 18 years of age and diagnosed with Autism Spectrum Disorder;
 - B. The treatment is provided or supervised by a Certified Behavior Analyst; and
 - C. An annual limit of \$50,000.]

COVERED MEDICAL BENEFITS, “Dental Anesthesia” is hereby amended to read as follows:

3.5 Dental – Anesthesia

QualChoice will provide benefits for anesthesia and facilities for dental procedures which would ordinarily be done under local anesthesia provided:

1. The procedure is performed in a Network Facility; and
2. The situation meets Medical Necessity criteria, and the patient is:
 - A. A Child under 7 years of age who is determined by two network dentists to be unable to undergo the procedure without general anesthesia and who cannot wait until an older age for the procedure, when undergoing the procedure without general anesthesia would be possible.
 - B. A person with a serious mental health condition that prevents use of a local anesthesia for the procedure.
 - C. A person with a serious physical condition making facility care necessary for the safe performance of dental work; or

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Product Name:	POS EOC Amendment		
Project Name/Number:	/		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/19/2011
Comments:		
Attachment:		
POS Amendment Flesch Letter.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	08/19/2011
Comments:		
This form will use applications previously submitted and approved identified as: 0410+MK+001_EMLOYAPP(2-50) and 0410+MK+002_EMPLOYAPP(51+)		

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	08/19/2011
Bypass Reason:		
The PPACA Uniform Compliance Summary form has already been completed and submitted with the previously filed and approved Evidence of Coverage. The changes reflected in this Amendment are not impacted by PPACA, but driven mainly by State statutory changes.		
Comments:		



August 16, 2011

Ms. Rosalind Minor
Arkansas Department of Insurance
Life and Health Division
1200 West Third Street
Little Rock, AR 72201-1904

RE: QCA Health Plan Inc, EOC Amendment
Form #: FIRST AMENDMENT (8-1-2011) [with Autism] to QCA POS
[HDHP] (10-1-10) EOC

Dear Ms. Minor:

This certifies that the FIRST AMENDMENT (8-1-2011) [with Autism] to QCA POS [HDHP] (10-1-10) EOC Amendment does not meet the minimum score of forty (40) on the Flesch reading ease test as specified in Ark. Stat. Ann. 23-80-206. Although the score is lower than the minimum required, it should be approved in accordance with Ark. Stat. Ann. 23-80-207 and warranted due to the nature of the policy form and necessary inclusion of medical terminology and language drafted to conform to state and federal law.

Please feel free to contact me at any time should you need additional information or have any questions or comments. Thank you.

Sincerely,

J. Nicole Thomas
Associate Corporate Counsel
Nicole.Thomas@qualchoice.com
(501) 219-5129

SERFF Tracking Number:	QUAC-127374791	State:	Arkansas
Filing Company:	QCA Health Plan, Inc.	State Tracking Number:	49583
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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/17/2011	Form	FIRST AMENDMENT [with Autism] to QCA POS [HDHP] (10-1-10) EOC (8-1-2011)	08/18/2011	POS EOC Amendment.pdf (Superceded)

FIRST AMENDMENT TO EVIDENCE OF COVERAGE

The following QualChoice Evidence of Coverage Certificate is hereby amended:

QCA POS [HDHP] (10-1-10)

The following subsections are amended effective on the date your Employer Group (Group Master Contract) is effective or renews.

Unless otherwise stated herein, this Amendment to Evidence of Coverage is subject to all terms, conditions, exclusions and limitations set forth in the Certificate and Benefits Summary. This Amendment becomes a part of the QCA Health Plan, Inc. Evidence of Coverage identified as QCA POS [HDHP] (10-1-10). All provisions of the Evidence of Coverage that are not contrary to the provisions of this Amendment remain in full force and effect.

[COVERED MEDICAL BENEFITS, the following will be added:

3.32 Autism Spectrum Disorder

1. Diagnosis and treatment of Autism Spectrum Disorder is covered as along as Medically Necessary and evidence-based.
2. Coverage for Applied Behavior Analysis is included subject to:
 - A. The Enrollee receiving treatment must be under 18 years of age and diagnosed with Autism Spectrum Disorder;
 - B. The treatment is provided or supervised by a Certified Behavior Analyst; and
 - C. An annual limit of \$50,000.]

COVERED MEDICAL BENEFITS, “Dental Anesthesia” is hereby amended to read as follows:

3.5 Dental – Anesthesia

QualChoice will provide benefits for anesthesia and facilities for dental procedures which would ordinarily be done under local anesthesia provided:

1. The procedure is performed in a Network Facility; and
2. The situation meets Medical Necessity criteria, and the patient is:
 - A. A Child under 7 years of age who is determined by two network dentists to be unable to undergo the procedure without general anesthesia and who cannot wait until an older age for the procedure, when undergoing the procedure without general anesthesia would be possible.
 - B. A person with a serious mental health condition that prevents use of a local anesthesia for the procedure.
 - C. A person with a serious physical condition making facility care necessary for the safe performance of dental work; or

- D. A person with a significant behavioral problem (as certified by a Network Physician) which precludes safe performance of dental work under local anesthesia.

All network requirements, Medical Necessity determinations, and such other limitations as are applied to other Covered Services will apply. Pre-authorization is required (see Section 2.13).

COVERED MEDICAL BENEFITS, “Dental – Oral Surgery” is hereby amended to read as follows:

3.6 Dental – Oral Surgery

QualChoice will pay only for the following non-dental oral surgical procedures:

1. Excision of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth when pathological examination is required;
2. Surgical procedures required to treat an Accidental Injury to jaws, cheeks, lips, tongue, roof and floor of the mouth. Injury to a tooth or teeth while eating is not considered an Accidental Injury; treatment of such injury will not be covered;
3. Excision of exostoses of jaws and hard palate;
4. Extraction of teeth is required because of the results from radiation or chemotherapy;
5. Frenectomy;
6. External incision and drainage of cellulitis;
7. Incision of accessory sinuses, salivary glands or ducts;
8. Certain dental services, as reflected in the Medical Policies, performed in conjunction with Medically Necessary reconstructive surgery; and
9. Dental services integral to medical services covered by the Plan.

COVERED MEDICAL BENEFITS, “Family Planning” is hereby amended to read as follows:

3.12 Family Planning Services

Coverage is provided for the following family planning services:

1. Oral contraceptives and prescription barrier methods are only covered when an Outpatient Prescription Drug Rider has been purchased through QualChoice; coverage is subject to all of the terms, conditions, limitations, and exclusions of the Prescription Drug Rider;
2. Voluntary sterilizations (vasectomies and tubal ligations) are covered except as excluded in Section 4.1; and
3. Long acting reversible contraceptives, including hormonal implantable systems and intrauterine contraceptives, are covered as a medical benefit.

NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS is hereby amended to read as follows:

4. NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS

Some services, treatments, medications and supplies are not covered. Others have limitations on coverage. This section describes those exclusions and limitations. QualChoice may choose in its sole discretion to eliminate or modify an exclusion or limitation if QualChoice determines that advances in medical care warrant making such a change. One or more of our optional coverage riders may cover some of these items. If your Employer Group has purchased riders, they will be provided to you in writing. Please refer to your Benefits Summary for additional exclusions and limitations on Covered Services. QualChoice may provide very limited coverage for some services that are otherwise excluded or limited by this Section 4 strictly for preventive health purposes; where applicable, these limited coverages are identified and described in QualChoice's Preventive Health Benefit Medical Policy.

NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS, "Non-Covered Services and Exclusions from Coverage – Baby Formula" is hereby amended to read as follows:

- 6. Formula:** Baby formula and thickening agents, even if prescribed by a physician or acquired over the counter, are not covered.

NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS, "Non-Covered Services and Exclusions from Coverage – Dietary and Nutritional Services" is hereby amended to read as follows:

- 26. Dietary and Nutritional Services:** Unless dietary supplies are the sole source of nutrition for the Enrollee, or as covered under Section 3.20 – Medical Foods, any services or supplies provided for dietary or nutritional services, including, but not limited to, medical nutrition therapy, are not covered. Baby formulas or thickening agents, whether prescribed by a physician or acquired over-the-counter, are not covered.

NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS, "Non-Covered Services and Exclusions from Coverage – Electrotherapy and Electromagnetic Stimulators" and "Non-Covered Services and Exclusions from Coverage – Enhanced External Counterpulsation" are hereby deleted in their entirety, but the remaining paragraphs shall not be renumbered.

NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS, "Non-Covered Services and Exclusions from Coverage – Gastric Electrical Stimulators" is hereby amended to read as follows:

- 43. Electrogastrography:** Electrogastrography is not covered.

NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS, “Non-Covered Services and Exclusions from Coverage – In Vitro Chemoresistance and Chemosensitivity Assays” is hereby deleted in its entirety, but the remaining paragraphs shall not be renumbered.

NON-COVERED SERVICES AND EXCLUSIONS AND LIMITATIONS, “Non-Covered Services and Exclusions from Coverage – Maintenance Therapy” is hereby amended to read as follows:

- 62. Maintenance Therapy:** We will not cover maintenance therapy for chiropractic therapy, physical therapy, occupational therapy, or speech therapy.

NON-COVERED SERVICES AND EXCLUSIONS AND LIMITATIONS, “Non-Covered Services and Exclusions from Coverage – Percutaneous Kyphoplasty” is hereby deleted in its entirety, but the remaining paragraphs shall not be renumbered.

NON-COVERED SERVICES AND EXCLUSIONS AND LIMITATIONS, “Non-Covered Services and Exclusions from Coverage – Sleep Apnea, Portable Studies” is hereby deleted in its entirety, but the remaining paragraphs shall not be renumbered.

NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS, “Limitations to Benefits – Lifetime Maximum” is hereby amended to read as follows:

- 12. Lifetime Maximum:** Consult your Benefits Summary, Medical Policies, and this Certificate for various lifetime maximum Benefits per Enrollee.

NON-COVERED SERVICES, EXCLUSIONS AND LIMITATIONS, “Limitations to Benefits” the following limitation language shall be added as follows:

- 21. Electrotherapy and Electromagnetic Stimulators:** All treatment using electrotherapy and electromagnetic stimulators, including services and supplies used in conjunction with such stimulators, and complications resulting from such treatment, is covered only for conditions specified in our Medical Policies.
- 22. Enhanced External Counterpulsation:** Enhanced external counterpulsation (EECP) is covered only for conditions specified in our Medical Policies.
- [23. Applied Behavior Analysis:** Coverage for Applied Behavior Analysis is covered subject to:
- A. The Enrollee receiving treatment must be under 18 years of age and diagnosed with Autism Spectrum Disorder;

- B. The treatment is provided or supervised by a Certified Behavior Analyst; and
- C. An annual limit of \$50,000.]

ELIGIBILITY CRITERIA, “Special Enrollment Period” is hereby amended to add the following paragraph:

If we receive proper notification and the Enrollment Application is approved following a special enrollment event, coverage will begin on the date of the event. QualChoice is entitled to premiums from the effective date of coverage.

COORDINATION OF BENEFITS, “Rules to Determine Primary and Secondary Plans” is hereby amended to add the following new Subsection. All remaining Subsections are hereby renumbered to correlate with the change.

- 8. If an adult dependent is listed as a dependent under a parent’s and a spouse’s policy, the health plan that covered the adult dependent longer is primary and the health plan that covered the adult dependent the shorter period of time is secondary.

CONTINUATION OF COVERAGE, “General rules for Continuation of Coverage – Number 8” is hereby amended to read as follows:

- 8. There is no need to show insurability to choose continuation coverage. However, as permitted under the law, you may be charged up to 102% of the normal premium for continuation coverage.

CONTINUATION OF COVERAGE, “Conversion to Non-Group enrollment” is hereby amended to read as follows:

8.3 Conversion to Non-Group Enrollment

When coverage terminates, Enrollees may convert hospitalization and certain medical Benefits to a non-group policy without taking a medical examination as long as they meet the requirements listed below. The cost for non-group coverage will be the non-group rates for the health care benefit plan available. (These benefits will not be the same as those under this Plan.) You may obtain an application for conversion by calling our Customer Service Department. You may convert to non-group enrollment if you meet the following requirements:

- 1. You cease to be eligible as an Enrollee for any reason other than those outlined in Section 5.4.(7), (“Out Option to Terminate This Certificate”);
- 2. You submit the required application and pay the initial premium within the 30 days from the date the member’s coverage terminates; and

3. You are not eligible for Medicare or full coverage under any other group accident or health policy or contract, including coverage through your spouse's or parent's group coverage, COBRA, or state continuation of coverage.

We will make coverage under the non-group policy effective as of the date of termination of your coverage under this Plan.

COMPLAINTS AND APPEALS, "Appeals Process – Expedited Appeals" is hereby amended to read as follows:

- F. **Expedited Appeals.** A request for an expedited appeal for a Pre-Service Claim or Concurrent Care Claim will be treated as an appeal for an Urgent Care Claim as described in Section 9.3.(4) below subject to the request meeting the criteria for an Urgent Care Claims.

GENERAL PROVISIONS, "Your Medical Records" is hereby amended to read as follows:

12.4 Your Medical Records

We may need to obtain copies of your medical records from any of your treating providers. This may be necessary to properly administer your Benefits. You, or your legal representative, agree to sign an appropriate authorization for release of medical records upon our request. If you elect not to consent to the release of medical records, or if your provider fails to comply with a request for records, we may be unable to properly administer your coverage. If this occurs, we have the right to deny payment for related services.

GENERAL PROVISIONS, "Confidentiality" is hereby amended to read as follows:

12.9 Confidentiality

Medical records and other information concerning your care we receive from providers are confidential. We will use such information only to administer your coverage. We will only disclose such information as required or permitted by law and as set out in the QualChoice Notice of Privacy Practices at www.qualchoice.com. See your Notice of Privacy Practices for a more detailed description of your privacy rights and duties. However, notwithstanding the limitations described in this Section 12.9, by your acceptance of benefits pursuant to this Certificate, you authorize QualChoice to disclose to your Employer Group sponsoring the Plan information concerning your care to the extent necessary to comply with the requirements of Arkansas Code Annotated § 23-86-119. Arkansas Code Annotated § 23-86-119 requires health companies like QualChoice to release to employer groups with more than twenty-five (25) insured employees upon the employer's request the following information for the

most recent twelve-month period of for the entire period of coverage, whichever is shorter: (a) Claims incurred by month; (b) Premiums paid by month; (c) Number of insureds, including dependents, by month; and (d) Claims exceeding ten thousand dollars (\$10,000) on any individual with diagnosis during the same period.

Definitions, the following will be added:

[13.40 “Applied Behavior Analysis” means the design, implementation, and evaluation of environmental modifications by a board certified behavior analyst using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

13.41 “Autism Spectrum Disorder” means any of the pervasive developmental disorders as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including: Autistic Disorder, Asperger’s Disorder, and Pervasive developmental disorder not otherwise specified.]

A handwritten signature in black ink that reads "Michael E. Stock".

Michael E. Stock, President & CEO
QCA Health Plan, Inc.
The QualChoice Building
12615 Chenal Parkway, Suite 300
Little Rock, AR 72211